

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001586

STATE FILE NUMBER

AMENDED

FILED FEB 6 1962

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

368

DATE AMENDED	1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Longview City</u>		c. CITY OR TOWN <u>Kansas City</u>	
	Length of stay in 1b <u>82 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>3902 Highland</u>	
	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	3. NAME OF DECEASED (Type or print) First <u>Sarah</u> Middle <u>Ellouise</u> Last <u>Craig</u>		4. DATE OF DEATH Month <u>1</u> Day <u>21</u> Year <u>62</u>	
	5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-28-1877</u>	
	9. AGE (last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Portrait Artist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>E.H. Roberts Co.</u>	
11. BIRTHPLACE (City and state or country) <u>Burlington, Iowa</u>		12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME <u>Gulon Pryor Guison</u>		13b. MOTHER'S MAIDEN NAME <u>Philomena Krumka</u>		
14. NAME OF HUSBAND OR WIFE <u>John N. Craig</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Miss Frances E. Craig</u>		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arteriosclerotic heart disease with left ventricular hypertrophy.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20f. CITY, TOWN, OR LOCATION		COUNTY		
STATE		21. I attended the deceased from <u>1-17-62</u> to <u>1-21-62</u> and last saw her alive on <u>1-21-62</u> Death occurred at <u>2:05</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Frank Ellis</u> (Degree or title)		22b. ADDRESS <u>2400 Cherry</u>		
22c. DATE SIGNED <u>1-22-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		
23b. DATE <u>1-23-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		
23d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u>		24. FUNERAL DIRECTOR <u>Mellody-McGilley-Eylar</u>		
25. DATE RECD. BY LOCAL REG. <u>1-22-62</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

SHOULD READ

INSTEAD OF

DATE AMENDED

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address D. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.